

**L15000148257**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H160000395283)))



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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : MATTHEWS & JONES, LLP  
Account Number : I19990000039  
Phone : (850) 837-3662  
Fax Number : (850) 654-1634

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
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FEB 17 2016  
J. HARRIS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Lifetime Heritage, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

S. Thomas Peavey Hoffer

\_\_\_\_\_  
Name of Person

Matthews & Jones, LLP

\_\_\_\_\_  
Firm/Company

596 N. Perdon Blvd.

\_\_\_\_\_  
Address

Crestview, FL 32536

\_\_\_\_\_  
City/State and Zip Code

thoffer@destinlaw.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

S. Thomas Peavey Hoffer

at ( 850 ) 682-6211  
\_\_\_\_\_  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

H 16 0000395283

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Lifetime Heritage, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 9/04/2015 and assigned Florida document number L15000148257.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida

Zip Code

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

If Changing Registered Agent, Signature of New Registered Agent

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02-16-'16 11:32 FROM-

T-146 P0004/0005 F-236

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>             | <u>Address</u>                  | <u>Type of Action</u>                      |
|--------------|-------------------------|---------------------------------|--|
| Manager      | S. Thomas Peavey Hoffer | 596 N. Ferdon Blvd.             | <input type="checkbox"/> Add               |
|              |                         | Crestview, FL 32539             | <input checked="" type="checkbox"/> Remove |
|              |                         |                                 | <input type="checkbox"/> Change            |
| Manager      | Lifetime Heritage Trust | 174 Watercolor Way Ste 103 #147 | <input type="checkbox"/> Add               |
|              |                         | Santa Rosa Beach, FL 32459      | <input checked="" type="checkbox"/> Remove |
|              |                         |                                 | <input type="checkbox"/> Change            |
|              |                         |                                 | <input type="checkbox"/> Add               |
|              |                         |                                 | <input type="checkbox"/> Remove            |
|              |                         |                                 | <input type="checkbox"/> Change            |
|              |                         |                                 | <input type="checkbox"/> Add               |
|              |                         |                                 | <input checked="" type="checkbox"/> Remove |
|              |                         |                                 | <input type="checkbox"/> Change            |
|              |                         |                                 | <input type="checkbox"/> Add               |
|              |                         |                                 | <input type="checkbox"/> Remove            |
|              |                         |                                 | <input type="checkbox"/> Change            |
|              |                         |                                 | <input type="checkbox"/> Add               |
|              |                         |                                 | <input type="checkbox"/> Remove            |
|              |                         |                                 | <input type="checkbox"/> Change            |
|              |                         |                                 | <input type="checkbox"/> Add               |
|              |                         |                                 | <input type="checkbox"/> Remove            |
|              |                         |                                 | <input type="checkbox"/> Change            |

FILED  
MAR 16 2016  
TALLAHASSEE, FLORIDA

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[illegible]

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(b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signer

**Filing Fee: \$25.00**

200 FEB 16 AM 8:52  
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